

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

REPUBLICAN PARTY OF LOUISIANA

ADDRESS (number and street)

C/O RED CURVE SOLUTIONS

500 CUMMINGS CENTER, SUITE 4400

☐ Check if different than previously reported. (ACC)

BEVERLY

MA

01915

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00187450

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☒ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

12

06

2014

in the  
State of

LA

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

10

16

2014

through

M M M /

D D D /

Y Y Y Y Y Y

11

16

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. DANIEL G. KYLE

Signature of Treasurer

Mr. DANIEL G. KYLE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

11

24

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

REPUBLICAN PARTY OF LOUISIANA

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		16		2014

To:

M M	/	D D	/	Y Y Y Y Y
11		16		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5">17403.15</td></tr></table>	17403.15				
Y	Y	Y	Y	Y													
2014																	
17403.15																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">140036.03</td></tr></table>	140036.03															
140036.03																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">306442.10</td></tr></table>	306442.10					<table><tr><td colspan="5">1480457.25</td></tr></table>	1480457.25									
306442.10																	
1480457.25																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">446478.13</td></tr></table>	446478.13					<table><tr><td colspan="5">1497860.40</td></tr></table>	1497860.40									
446478.13																	
1497860.40																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">358069.59</td></tr></table>	358069.59					<table><tr><td colspan="5">1409451.86</td></tr></table>	1409451.86									
358069.59																	
1409451.86																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">88408.54</td></tr></table>	88408.54					<table><tr><td colspan="5">88408.54</td></tr></table>	88408.54									
88408.54																	
88408.54																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">3800.00</td></tr></table>	3800.00															
3800.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

REPUBLICAN PARTY OF LOUISIANA

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 10 16 2014

To:

 M M / D D / Y Y Y Y  
 11 16 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

63134.92

145597.58

(ii) Unitemized .....

10096.75

96464.60

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

73231.67

242062.18

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

27792.31

31792.31

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

101023.98

273854.49

## 12. Transfers From Affiliated/Other

Party Committees.....

193360.56

1041460.83

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

3.20

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

12057.56

13557.56

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

151581.17

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

151581.17

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

306442.10

1480457.25

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

306442.10

1328876.08

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	3483.53	110226.07
(ii) Non-Federal Share.....	13104.75	412973.81
(b) Other Federal Operating Expenditures .....	195551.68	491275.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	212139.96	1014474.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	1000.00	1100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	1100.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	144929.63	393876.98
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	144929.63	393876.98
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	358069.59	1409451.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	344964.84	996478.05

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	101023.98	273854.49
34. Total Contribution Refunds (from Line 28(d)) .....	1000.00	1100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	100023.98	272754.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	199035.21	601501.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	3.20
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	199035.21	601497.87

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 95  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. DAVID ADDISON**

Mailing Address 66 HUMMINGBIRD ROAD

City State Zip Code  
 COVINGTON LA 70433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

RETAIL OPERATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 04 / 2014

Transaction ID : SA11AI.18815

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. MARIA ALESSANDRA**

Mailing Address 4617 SENAC DR

City State Zip Code  
 METAIRIE LA 70435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 20 / 2014

Transaction ID : SA11AI.18550

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **C. KEN ALLEN**

Mailing Address 702 VINNIE ST

City State Zip Code  
 PLAIN DEALING LA 70433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GILSBAR INSURANCE

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 13 / 2014

Transaction ID : SA11AI.18874

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. MR. ROBERT AMBROSE**

Mailing Address 1415 7TH ST

City State Zip Code  
 LAKE CHARLES LA 70601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RED APPLE GROUP

Occupation  
 EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2725.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 16 2014

Transaction ID : SA11AI.18530

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **B. MR. EMANUEL V BENJAMIN III**

Mailing Address 2305 COLISEUM ST

City State Zip Code  
 NEW ORLEANS LA 70130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SIZELER COMPANIES

Occupation  
 REALTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 12 2014

Transaction ID : SA11AI.18844

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. MR. ROBERT C BERTHELOT**

Mailing Address 255 MARINA RD

City State Zip Code  
 CHALMETTE LA 30328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 INFORMATON REQUESTED

Occupation  
 INFORMATON REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 27 2014

Transaction ID : SA11AI.18730

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. SKIP BESNARD**

Mailing Address 10103-A JEFFERSON HWY

City State Zip Code  
 BATON ROUGE LA 70809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 HEALTHCARE PROPRIETORS AGENCY

Occupation  
 EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5025.00

Date of Receipt

11 / 04 / 2014

Transaction ID : SA11AI.18818

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. MRS. ARTHUR BLANCHAT**

Mailing Address 77377 HIGHWAY 21

City State Zip Code  
 COVINGTON LA 70435

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SELF-EMPLOYED

Occupation  
 FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

11 / 04 / 2014

Transaction ID : SA11AI.18814

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **C. JARED W BRADLEY**

Mailing Address 306 WOODGATE BLVD

City State Zip Code  
 BATON ROUGE LA 70808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 STEWART ENTERPRISES, INC.

Occupation  
 OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 23 / 2014

Transaction ID : SA11AI.18580

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

6400.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. RALPH BRANDT**

Mailing Address 10125 GAIL CT

City

NEW ORLEANS

State

LA

Zip Code

70435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 04 / 2014

Transaction ID : SA11Al.18817

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. J. E. BRIGNAC JR.**

Mailing Address 18282 FOUNTAIN HILL BLVD.

City

PRAIRIEVILLE

State

LA

Zip Code

70769

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2014

Transaction ID : SA11Al.18414

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR. CHRIS CARROLL**

Mailing Address 3811 MCCOY DRIVE, BUILDING D

City

BOSSIER CITY

State

LA

Zip Code

71111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CARROLL COMPRESSION

Occupation

VICE-PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

11 / 04 / 2014

Transaction ID : SA11Al.18514

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. MR. ARCHIE CORDER**

Mailing Address 5501 W. ESPLANADE AVE.

City State Zip Code  
 METAIRIE LA 70003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CC SALES CO.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

11 / 04 / 2014

Transaction ID : SA11AI.18470

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **B. MRS. LINDSEY COTTON**

Mailing Address 14518 JAMESTOWN BLVD

City State Zip Code  
 BATON ROUGE LA 70810

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

11 / 04 / 2014

Transaction ID : SA11AI.18511

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **C. JEAN-PAUL COUSSAN**

Mailing Address 113 BERNICE AVE

City State Zip Code  
 LAFAYETTE LA 70503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANDRUS, BOUDREAUX, LANDRY & COUSSA

Occupation

REAL ESTATE TITLE ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 04 / 2014

Transaction ID : SA11AI.18515

Amount of Each Receipt this Period

35.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

185.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. CYNTHIA DORE**

Mailing Address 1017 NANTUCKET DR UNIT D

City State Zip Code  
HOUSTON TX 77057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TECHE FEDERAL BANK

Occupation  
BANKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.18420

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **B. CYNTHIA DORE**

Mailing Address 1017 NANTUCKET DR UNIT D

City State Zip Code  
HOUSTON TX 77057

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TECHE FEDERAL BANK

Occupation  
BANKING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.18569

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. MRS. AMANDA DOWNING**

Mailing Address 8501 MILLICENT WAY APT 1076

City State Zip Code  
SHREVEPORT LA 71115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

341.25

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.18459

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. MRS. AMANDA DOWNING**

Mailing Address 8501 MILLICENT WAY APT 1076

City State Zip Code  
 SHREVEPORT LA 71115

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.50

Date of Receipt

11 / 04 / 2014

Transaction ID : SA11Al.18487

Amount of Each Receipt this Period

8.25

Full Name (Last, First, Middle Initial)

**B. MR ROBERT D EDMUNDSON**

Mailing Address 1055 ST CHARLES AVE SUITE 210

City State Zip Code  
 NEW ORLEANS LA 70130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EDMUNDSON MANAGEMENT INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 17 / 2014

Transaction ID : SA11Al.18539

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. MR. CHARLES ENTENMANN**

Mailing Address PO BOX 612

City State Zip Code  
 BRIGHTWATERS NY 53082

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WINDWAY CAPITAL CORP

Occupation

PUBLIC AFFAIRS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

769.23

Date of Receipt

10 / 16 / 2014

Transaction ID : SA11Al.18529

Amount of Each Receipt this Period

769.23

**SUBTOTAL** of Receipts This Page (optional)..... ►

5777.48

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. MRS BEVERLY D FONTENOT**

Mailing Address 143 BROOKSIDE RD

City State Zip Code  
 DERIDDER LA 70435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 29 / 2014

Transaction ID : SA11Al.18751

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. MRS JOAN FUSELIER**

Mailing Address 5138 LUKE POWERS ROAD

City State Zip Code  
 LAKE CHARLES LA 70615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SILVER EAGLE DISTRIBUTORS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 21 / 2014

Transaction ID : SA11Al.18575

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. MRS CAROLE GERETY**

Mailing Address 10823-A SWIFT CHURCH RD N # 52

City State Zip Code  
 FOLEY AL 71064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATON REQUESTED

Occupation

INFORMATON REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 13 / 2014

Transaction ID : SA11Al.18888

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. MRS GENA GORE**

Mailing Address 8940 HIGHWAY 71 N

City State Zip Code  
 DRY PRONG LA 71423

FEC ID number of contributing  
federal political committee.

C

Name of Employer

T & G TREES, LLC

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11AI.18480**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **B. MR. CHRIS GUIDRY**

Mailing Address 5396 COURTYARD DR

City State Zip Code  
 GONZALES LA 70737

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GUIDRY ASSOCIATES

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 16 / 2014

**Transaction ID : SA11AI.18451**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

## **C. DON HALSELL**

Mailing Address 205 ELMWOOD DR

City State Zip Code  
 WEST MONROE LA 70433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WATCH SYSTEMS

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 29 / 2014

**Transaction ID : SA11AI.18760**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1130.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. MR. GREG HAMER SR**

Mailing Address PO BOX 3608

City

MORGAN CITY

State

LA

Zip Code

70381

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CEO

Occupation

BG FOODS

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 16 / 2014

Transaction ID : SA11Al.18457

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MS. CHARLOTTE HAMILTON**

Mailing Address 239 MACON FRONT RD

City

OAK GROVE

State

LA

Zip Code

71201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 23 / 2014

Transaction ID : SA11Al.18600

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. ROBERT HETRICK**

Mailing Address 11930 S. HARRELL'S FERRY ROAD

City

BATON ROUGE

State

LA

Zip Code

70816

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PRINTING TECH

Occupation

PRINTER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 16 / 2014

Transaction ID : SA11Al.18443

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2075.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. MR. LEONARD HOLLAR**

Mailing Address 1125 CLOVERDALE DR.

City  
SHREVEPORT

State Zip Code  
LA 71118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.18395

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**B. LUCAS HUDDLESTON**

Mailing Address 302 LOUISIANA DRIVE

City  
THIBODAUX

State Zip Code  
LA 70301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.18416

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MR. MICHAEL LOWRIE**

Mailing Address 1835 GLEN COVE DR.

City  
BENTON

State Zip Code  
LA 71111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NATIONAL FIRE ASSOCIATION

Occupation

SAFETY TECH

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.18455

Amount of Each Receipt this Period

75.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

170.00



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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. ALICE BAIRD MUNGER**

Mailing Address 2729 CONSTANCE ST

City

NEW ORLEANS

State

LA

Zip Code

70130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2014

Transaction ID : SA11AI.18563

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. M R NAM**

Mailing Address 13930 TU DO DR

City

NEW ORLEANS

State

LA

Zip Code

06405

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATON REQUESTED

Occupation

INFORMATON REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.18536

Amount of Each Receipt this Period

4000.00

Full Name (Last, First, Middle Initial)

**C. MR. DONALD G POPP**

Mailing Address PO BOX 425

City

ESTHERWOOD

State

LA

Zip Code

70124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CYCLE CONSTRUCTION CO

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : SA11AI.18813

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5025.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. THOMAS C PRUDHOMME**

Mailing Address 620 BLACKMAN ST

City

LAKE CHARLES

State

LA

Zip Code

70605

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RADJET SERVICES US INC

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

257.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA11AI.18572

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. RICK REES**

Mailing Address 80 TERN ST

City

NEW ORLEANS

State

LA

Zip Code

70124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.18392

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. PAMELA SCHAFFER**

Mailing Address 3636 N. HULLEN ST.

City

METAIRIE

State

LA

Zip Code

70002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NEW ORLEANS COPPER, INC.

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

392.75

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : SA11AI.18498

Amount of Each Receipt this Period

15.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5265.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. PAMELA SCHAFER**

Mailing Address 3636 N. HULLEN ST.

City State Zip Code  
 METAIRIE LA 70002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 NEW ORLEANS COPPER, INC.

Occupation  
 OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

401.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 04 / 2014

Transaction ID : SA11AI.18513

Amount of Each Receipt this Period

8.25

Full Name (Last, First, Middle Initial)

## **B. VINSON SERIO**

Mailing Address 4416 WEST ESPLANADE AVENUE

City State Zip Code  
 METAIRIE LA 70006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 RETIRED

Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 04 / 2014

Transaction ID : SA11AI.18495

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

## **C. MR. CLAY SPENCER**

Mailing Address 1225 FIRST STREET

City State Zip Code  
 NEW ORLEANS LA 70130-5708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 SIMMONS PLATING & GRINDING CO., INC.

Occupation  
 OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 04 / 2014

Transaction ID : SA11AI.18472

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

583.25

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. MRS. STEPHANIE SPENCER**

Mailing Address 1225 FIRST STREET

City

NEW ORLEANS

State

LA

Zip Code

70130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : SA11Al.18474

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR. BYRUM W TEEKELL**

Mailing Address 401 EDWARDS ST SUITE 1130

City

SHREVEPORT

State

LA

Zip Code

71101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11Al.18588

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. CHARLES THOMAS**

Mailing Address 7040 MODESTO

City

BATON ROUGE

State

LA

Zip Code

70811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FAMILY VALUES RESOURCE INSTITUTE

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

324.25

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : SA11Al.18478

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. CHARLES THOMAS**

Mailing Address 7040 MODESTO

City State Zip Code  
 BATON ROUGE LA 70811

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FAMILY VALUES RESOURCE INSTITUTE

Occupation

EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.50

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 04 / 2014

**Transaction ID : SA11AI.18479**

Amount of Each Receipt this Period

8.25

Full Name (Last, First, Middle Initial)

**B. MS. MARY LOU THOMPSON**

Mailing Address 3115 CENTRAL AVE

City State Zip Code  
 OLLA LA 71465

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JONES WALKER LAW FIRM

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 11 / 12 / 2014

**Transaction ID : SA11AI.18843**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. TONY M TORTORICH**

Mailing Address 5910 VICKSBURG ST

City State Zip Code  
 NEW ORLEANS LA 70124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAPITAL MANAGEMENT CO

Occupation

RNC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10046.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 / 28 / 2014

**Transaction ID : SA11AI.18745**

Amount of Each Receipt this Period

10000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

11008.25

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. MRS DOROTHY W TOWNSEND**

Mailing Address 1188 E LAKEVIEW DR

City

BATON ROUGE

State

LA

Zip Code

70433

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 04 / 2014

Transaction ID : SA11AI.18831

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MR. JOSHUA W TUCKER**

Mailing Address 335 LONGSTREET ROAD

City

PINVILLE

State

LA

Zip Code

71360

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

10 / 16 / 2014

Transaction ID : SA11AI.18458

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**C. MRS. RUTH ULRICH**

Mailing Address 406 FORSYTHE AVE

City

MONROE

State

LA

Zip Code

71201

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 20 / 2014

Transaction ID : SA11AI.18564

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1175.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. EDITH G VILLARRUBIA**

Mailing Address 4524 ELMWOOD PKWY

City  
METAIRIE

State Zip Code  
LA 70003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JACK LAWTON LLC

Occupation  
PRES & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5005.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 23 / 2014

Transaction ID : SA11AI.18621

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. MRS. WILLARD F WASHBURN**

Mailing Address 736 HAZELWOOD DR

City  
SHREVEPORT

State Zip Code  
LA 11718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2307.69

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2014

Transaction ID : SA11AI.18538

Amount of Each Receipt this Period

2307.69

Full Name (Last, First, Middle Initial)

**C. MR. JEFFREY WILLIAMSON**

Mailing Address 2601 PARGOUD BLVD

City  
MONROE

State Zip Code  
LA 71201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ENTREPRENEUR

Occupation  
ENTREPRENEUR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.25

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2014

Transaction ID : SA11AI.18488

Amount of Each Receipt this Period

8.25

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7315.94

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. TOMMY WOODARD**

Mailing Address 313 THIRD ST

City

BATON ROUGE

State

LA

Zip Code

70801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHARMACIST

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2014			

Transaction ID : SA11AI.18523

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

**TOTAL** This Period (last page this line number only)..... ►

63134.92



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. ACADIAN AMBULANCE SERVICE, INC. EMPLOYEE PAC**

Mailing Address P.O. BOX 98000

City State Zip Code  
 LAFAYETTE LA 70509

FEC ID number of contributing  
federal political committee.

**C** C00335570

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

**10** / **21** / **2014**

**Transaction ID : SA11C.18926**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. AMERICAN SOCIETY OF ANESTHESIOLOGISTS POLITICAL ACTION COMMITTEE**

Mailing Address 1061 AMERICAN LANE

City State Zip Code  
 SCHAUMBURG IL 60173

FEC ID number of contributing  
federal political committee.

**C** C00255752

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **17** / **2014**

**Transaction ID : SA11C.18924**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **C. COMPASS BANCSHARES, INC. PAC**

Mailing Address % SANDRA H BURSON  
 P O BOX 10566

City State Zip Code  
 BIRMINGHAM AL 35296

FEC ID number of contributing  
federal political committee.

**C** C00142596

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.61

Date of Receipt

**10** / **16** / **2014**

**Transaction ID : SA11C.18920**

Amount of Each Receipt this Period

384.61

**SUBTOTAL** of Receipts This Page (optional)..... ►

6384.61

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. CONTINUING AMERICA'S STRENGTH AND SECURITY PAC**

Mailing Address PO BOX 80505

City State Zip Code  
BATON ROUGE LA 70898

FEC ID number of contributing  
federal political committee.

**C** C00480228

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **16** / **2014**

**Transaction ID : SA11C.18913**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. EXXON MOBIL CORPORATION POLITICAL ACTION COMMITTEE (EXXONMOBIL PAC)**

Mailing Address PO BOX 20503

City State Zip Code  
INDIANAPOLIS IN 46220

FEC ID number of contributing  
federal political committee.

**C** C00121368

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1923.08

Date of Receipt

**10** / **28** / **2014**

**Transaction ID : SA11C.18939**

Amount of Each Receipt this Period

1923.08

Full Name (Last, First, Middle Initial)

## **C. KPMG PARTNERS/PRINCIPALS AND EMPLOYEES PAC**

Mailing Address 1801 K STREET, NW

City State Zip Code  
WASHINGTON DC 20006

FEC ID number of contributing  
federal political committee.

**C** C00280222

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **16** / **2014**

**Transaction ID : SA11C.18922**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

11923.08

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE**

Mailing Address 1301 CONCORD TERRACE

City State Zip Code  
 SUNRISE FL 33323

FEC ID number of contributing  
federal political committee.

**C** C00469205

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**11** / **16** / **2014**

**Transaction ID : SA11C.18918**

Amount of Each Receipt this Period

3750.00

Full Name (Last, First, Middle Initial)

## **B. POARCH BAND OF CREEK INDIANS**

Mailing Address 5811 JACK SPRINGS ROAD

City State Zip Code  
 ATMORE AL 36502

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.62

Date of Receipt

**10** / **28** / **2014**

**Transaction ID : SA11C.18936**

Amount of Each Receipt this Period

384.62

Full Name (Last, First, Middle Initial)

## **C. REPUBLICAN WOMEN OF SHELBY COUNTY**

Mailing Address 1248 KENSINGTON BLVD

City State Zip Code  
 CALERA AL 35040

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

**11** / **13** / **2014**

**Transaction ID : SA11C.18943**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

4234.62

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. RESPONSIBILITY AND FREEDOM WORK PAC (RFPAC)**

Mailing Address POST OFFICE BOX 80

City State Zip Code  
 JACKSON MS 39205

FEC ID number of contributing  
federal political committee.

**C** C00368696

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**10** / **22** / **2014**

**Transaction ID : SA11C.18930**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. ROGERS FOR CONGRESS**

Mailing Address PO BOX 581

City State Zip Code  
 BRIGHTON MI 48116

FEC ID number of contributing  
federal political committee.

**C** C00343863

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**11** / **13** / **2014**

**Transaction ID : SA11C.18946**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5250.00

27792.31

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. CASSIDY VICTORY**

Mailing Address 500 CUMMINGS CENTER SUITE 4400  
C/O RED CURVE SOLUTIONS

City State Zip Code  
BEVERLY MA 01915

FEC ID number of contributing  
federal political committee.

**C** C00564203

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

87082.75

Date of Receipt

**10 / 21 / 2014**

**Transaction ID : SA12.18574**

Amount of Each Receipt this Period

87082.75

Full Name (Last, First, Middle Initial)

## **B. CASSIDY VICTORY**

Mailing Address 500 CUMMINGS CENTER SUITE 4400  
C/O RED CURVE SOLUTIONS

City State Zip Code  
BEVERLY MA 01915

FEC ID number of contributing  
federal political committee.

**C** C00564203

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

115972.26

Date of Receipt

**10 / 30 / 2014**

**Transaction ID : SA12.18790**

Amount of Each Receipt this Period

28889.51

Full Name (Last, First, Middle Initial)

## **C. CASSIDY VICTORY**

Mailing Address 500 CUMMINGS CENTER SUITE 4400  
C/O RED CURVE SOLUTIONS

City State Zip Code  
BEVERLY MA 01915

FEC ID number of contributing  
federal political committee.

**C** C00564203

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

131260.56

Date of Receipt

**11 / 14 / 2014**

**Transaction ID : SA12.18905**

Amount of Each Receipt this Period

15288.30

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

131260.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. MR. ALLEN DANOS JR**

Mailing Address PO BOX 1460

City  
LAROSE

State Zip Code  
LA 70373

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATON REQUESTED

Occupation

INFORMATON REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

10 / 21 / 2014

Transaction ID : SA12.18789

Amount of Each Receipt this Period

2200.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MR. Z DAVID DELOACH**

Mailing Address PO BOX 1903

City

ST. FRANCISVILLE

State Zip Code  
LA 70775-1903

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATON REQUESTED

Occupation

INFORMATON REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 21 / 2014

Transaction ID : SA12.18763

Amount of Each Receipt this Period

1500.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. FENN FRENCH**

Mailing Address 1705 CALHOUN ST

City

NEW ORLEANS

State Zip Code  
LA 70118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JAB

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

10 / 21 / 2014

Transaction ID : SA12.18767

Amount of Each Receipt this Period

5000.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. MR. JACOB GIARDINA**

Mailing Address 918 E 1ST STREET

City State Zip Code  
 THIBODAUX LA 70301

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 21 2014

Transaction ID : SA12.18773

Amount of Each Receipt this Period

10000.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. L LANE GRIGSBY**

Mailing Address PO BOX 104

City State Zip Code  
 BATON ROUGE LA 70821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 21 2014

Transaction ID : SA12.18769

Amount of Each Receipt this Period

5000.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MR. TODD W GRIGSBY**

Mailing Address 1125 INGLESIDE DRIVE

City State Zip Code  
 BATON ROUGE LA 70806

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 10 21 2014

Transaction ID : SA12.18766

Amount of Each Receipt this Period

5000.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. MR. GREGORY HAMER**

Mailing Address PO DRAWER 3608

City State Zip Code  
MORGAN CITY LA 70381

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
B&G FOOD ENTERPRISES LLC

Occupation  
EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10500.00

Date of Receipt

10 / 21 / 2014

Transaction ID : SA12.18761

Amount of Each Receipt this Period

10000.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MARYLIN HAYDEN**

Mailing Address 362 DEEPWOOD ROAD

City State Zip Code  
BARRINGTON IL 60010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTED

Occupation  
INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

10 / 30 / 2014

Transaction ID : SA12.18904

Amount of Each Receipt this Period

1800.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MS. CAROLYN HEARD**

Mailing Address PO BOX 83255

City State Zip Code  
BATON ROUGE LA 70884

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATON REQUESTED

Occupation  
INFORMATON REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

10 / 21 / 2014

Transaction ID : SA12.18777

Amount of Each Receipt this Period

10000.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. MR. DANIEL B HEARD**

Mailing Address 3812 WILLOWICK

City  
HOUSTON

State  
TX

Zip Code  
77019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA12.18775

Amount of Each Receipt this Period

10000.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. KHC FAMILY LLC**

Mailing Address PO BOX 3435

City  
BATON ROUGE

State  
LA

Zip Code  
70820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA12.18765

Amount of Each Receipt this Period

100.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. MR. CHARLES W LAMAR III**

Mailing Address PO BOX 66338

City  
BATON ROUGE

State  
LA

Zip Code  
70896-6338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHAIRMAN/CEO

Occupation

WOODLAWN INVESTMENTS, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA12.18771

Amount of Each Receipt this Period

5000.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. MR. CHARLES W LAMAR III**

Mailing Address PO BOX 66338

City

BATON ROUGE

State

LA

Zip Code

70896-6338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHAIRMAN/CEO

Occupation

WOODLAWN INVESTMENTS, INC.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA12.18898

Amount of Each Receipt this Period

5000.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. MR. DAVID SCOTT MADDEN**

Mailing Address PO BOX 856

City

MINDEN

State

LA

Zip Code

71058

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATON REQUESTED

Occupation

INFORMATON REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA12.18783

Amount of Each Receipt this Period

2400.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. MR. JAMES D MADDEN**

Mailing Address PO BOX 856

City

MINDEN

State

LA

Zip Code

71058-0856

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATON REQUESTED

Occupation

INFORMATON REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA12.18785

Amount of Each Receipt this Period

2400.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. MANOR INVESTMENTS, LLC**

Mailing Address 333 TEXAS STREET

City  
SHREVEPORT

State Zip Code  
LA 71101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA12.18900

Amount of Each Receipt this Period

10000.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. MR. NANETTE NOLAND**

Mailing Address PO BOX 788

City  
BATON ROUGE

State Zip Code  
LA 70821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATON REQUESTED

INFORMATON REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA12.18779

Amount of Each Receipt this Period

10000.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. DENNIS A. PASENTINE**

Mailing Address 2360 FIFTH STREET

City  
MANDEVILLE

State Zip Code  
LA 70471

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

CEO

FLORIDA MARINE, LLC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 30 / 2014

Transaction ID : SA12.18902

Amount of Each Receipt this Period

500.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. REPUBLICAN NATIONAL COMMITTEE**

Mailing Address 310 FIRST STREET SE

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing  
federal political committee.

C C00003418

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666564.75

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 03 / 2014

Transaction ID : SA12.18955

Amount of Each Receipt this Period

62100.00

Full Name (Last, First, Middle Initial)

## **B. MR. EDWARD L RISPONE**

Mailing Address 18250 S MISSION HILLS AVENUE

City State Zip Code  
BATON ROUGE LA 70810-7974

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATON REQUESTED

INFORMATON REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2014

Transaction ID : SA12.18781

Amount of Each Receipt this Period

10000.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. RAND VOORHIES**

Mailing Address 1139 THIRD STREET

City State Zip Code  
NEW ORLEANS LA 70130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SOUTHERN BRAIN AND SPINE

NEUROSURGEON

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 14 / 2014

Transaction ID : SA12.18907

Amount of Each Receipt this Period

10000.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

62100.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. MR. THOMAS B WILSON JR**

Mailing Address 104 BOSSIER CROSSROADS

City State Zip Code  
BOSSIER CITY LA 71111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

INFORMATION REQUESTED

INFORMATION REQUESTED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 21 2014

Transaction ID : SA12.18787

Amount of Each Receipt this Period

10000.00

JFC TRANSFER - CASSIDY VICTORY

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

0.00

193360.56

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. LA STATE TREASURER'S OFC SEC OF STATE**

Mailing Address 1121 FIELD AVE

City State Zip Code  
 METAIRIE LA 70804

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

9075.00

Date of Receipt

10 / 22 / 2014

Transaction ID : SA17.18953

Amount of Each Receipt this Period

9075.00

FEDERAL CANDIDATE QUALIFYING FEES

Full Name (Last, First, Middle Initial)

## **B. REPUBLICAN SUPER PAC INC**

Mailing Address 1 S 6TH ST

City State Zip Code  
 TERRE HAUTE IN 47807

FEC ID number of contributing  
federal political committee.

C C00496349

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1491.28

Date of Receipt

10 / 27 / 2014

Transaction ID : SA17.18969

Amount of Each Receipt this Period

1491.28

LIST RENTAL--FAIR MARKET VALUE

Full Name (Last, First, Middle Initial)

## **C. THE FARWELL GROUP**

Mailing Address POBOX83. 21, ALLEN GORDEY RD.

City State Zip Code  
 ELMER LA 70118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1491.28

Date of Receipt

11 / 04 / 2014

Transaction ID : SA17.18967

Amount of Each Receipt this Period

1491.28

LIST RENTAL--FAIR MARKET VALUE

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12057.56

12057.56

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN PARTY OF LOUISIANA

### A. AMERICAN EXPRESS

Mailing Address 200 VESEY ST

City	State	Zip Code
MANHATTAN	NY	10080

Purpose of Disbursement	AMEX PAYMENT:MERCHANT FEES
-------------------------	----------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.18266

Amount of Each Disbursement this Period

489.82

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### B. AMEX

Mailing Address 200 VESEY ST

City	State	Zip Code
MANHATTAN	NY	10080

Purpose of Disbursement
AMEX PAYMENT(SEE MEMO ENTRIES)

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.18261

Amount of Each Disbursement this Period

1257.22

Full Name (Last, First, Middle Initial)

### C. AMEX

Mailing Address 200 VESEY ST

City	State	Zip Code
MANHATTAN	NY	10080

Purpose of Disbursement	AMEX PAYMENT(SEE MEMO ENTRIES)
-------------------------	--------------------------------

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.18267

Amount of Each Disbursement this Period

2016.20

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

3273.42

\_\_\_\_\_







<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

REPUBLICAN PARTY OF LOUISIANA

### A. CHAIN BRIDGE BANK

Date of Disbursement

Transaction ID : SB21B.18281

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

15.00

**B. SARAH DAKE**

Date of Disbursement

City	State	Zip Code
LAFAYETTE	LA	70506

Transaction ID : SB21B.18294

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

499.61

**C. DIRECT MAILING SERVICES, INC.**

Date of Disbursement

City	State	Zip Code
WALKER	LA	70785

Transaction ID : SB21B.18282

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

6000.00

**SUBTOTAL** of Disbursements This Page (optional).....

6514.61

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. JORDAN ELSBURY**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement  
ELSBURY REIMBURSEMENT: TRAVEL: MILEAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		11		2014

**Transaction ID : SB21B.18289**

Amount of Each Disbursement this Period

680.00
--------

Full Name (Last, First, Middle Initial)

**B. EVANGELINE OAK LLC**

Mailing Address PO BOX 1026

City MADISONVILLE State LA Zip Code 70447

Purpose of Disbursement  
RENT & UTILITIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		07		2014

**Transaction ID : SB21B.18283**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. FLS CONNECT LLC**

Mailing Address 7300 HUDSON BLVD STE 270

City SAINT PAUL State MN Zip Code 55128

Purpose of Disbursement  
TELEMARKETING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		21		2014

**Transaction ID : SB21B.18284**

Amount of Each Disbursement this Period

9520.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11200.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 44 OF 95

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. KAITLIN O. FORAN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		11		2014

Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement  
FORAN REIMBURSEMENT(SEE MEMO ENTIRES)

Candidate Name

Category/  
Type**Transaction ID : SB21B.18290**

Amount of Each Disbursement this Period

499.04

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. KAITLIN O. FORAN**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		11		2014

Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement  
FORAN REIMBURSEMENT: TRAVEL: MILEAGE

Candidate Name

Category/  
Type**Transaction ID : SB21B.18291**

Amount of Each Disbursement this Period

460.48

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. GENELOGIE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Mailing Address 1320 HOWELL ROAD

City DUNCAN State SC Zip Code 29334

Purpose of Disbursement  
AMEX PAYMENT: PARTY PROMOTIONAL ITEMS: T-SHIRTS

Candidate Name

Category/  
Type**Transaction ID : SB21B.18265**

Amount of Each Disbursement this Period

627.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

499.04

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

REPUBLICAN PARTY OF LOUISIANA

### A. HUNTER HALL

Date of Disbursement

Transaction ID : SB21B.18285

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

653.88

State:  District:

Full Name (Last, First)

**B. IBERIA BANK**

Date of Disbursement

Mailing Address 3700 ESSEN LANE

City	State	Zip Code
BATON ROUGE	LA	70809

Transaction ID : SB21B.18286

Purpose of Disbursement
BANK FEES

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial): \_\_\_\_\_

**C. MELE PRINTING**

Date of Disbursement

Mailing Address 619 N TYLER ST

Three 10-pin D-sub connectors are shown side-by-side. The first connector is labeled '11' and has pins labeled 'M' and 'M'. The second connector is labeled '12' and has pins labeled 'D' and 'D'. The third connector is labeled '2014' and has pins labeled 'Y', 'Y', 'Y', and 'Y'.

City	State	Zip Code
COVINGTON	LA	70433

Transaction ID : SB21B.18262

Purpose of Disbursement  
AMEX PAYMENT:PRINTING & DESIGN SERVICES

Amount of Each Disbursement this Period

Candidate Name \_\_\_\_\_

Category/  
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

**[MEMO ITEM]**

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

1014.89

**TOTAL** This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. MELE PRINTING**

Mailing Address 619 N TYLER ST

City COVINGTON      State LA      Zip Code 70433

Purpose of Disbursement  
AMEX PAYMENT:PRINTING & DESIGN SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
11 / 12 / 2014
**Transaction ID : SB21B.18263**

Amount of Each Disbursement this Period

93.60

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. JONAH MUMPHREY**

Mailing Address 11335 ARCHERY DR

City BATON ROUGE      State LA      Zip Code 70802

Purpose of Disbursement  
MUMPHREY REIMBURSEMENT: TRAVEL: MILEAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
11 / 11 / 2014
**Transaction ID : SB21B.18288**

Amount of Each Disbursement this Period

499.47

Full Name (Last, First, Middle Initial)

**C. SPENCER NICHOLS**

Mailing Address 4000 LAKE BEAU PTRE BLVD #99

City BATON ROUGE      State LA      Zip Code 70820

Purpose of Disbursement  
NICHOLS REIMBURSEMENT: TRAVEL: MILEAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
11 / 11 / 2014
**Transaction ID : SB21B.18295**

Amount of Each Disbursement this Period

842.84

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1342.31

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
**REPUBLICAN PARTY OF LOUISIANA**

### A. JEFF STIDHAM

Mailing Address 13323 BRIARGROVE AVE

City	State	Zip Code
BATON ROUGE	LA	70810

Purpose of Disbursement	STIDHAM REIMBURSEMENT: TRAVEL: MILEAGE
-------------------------	--

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.18287

Amount of Each Disbursement this Period

634.02

Full Name (Last, First, Middle Initial)

**B. US POSTAL SERVICE - BUSINESS MAIL ENTRY OFFICE**

Mailing Address PO BOX 262100

City	State	Zip Code
BATON ROUGE	LA	70826

Purpose of Disbursement	
POSTAGE	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB21B.18300

Amount of Each Disbursement this Period

4763.62

Full Name (Last, First, Middle Initial)

**C. US POSTAL SERVICE - BUSINESS MAIL ENTRY OFFICE**

Mailing Address PO BOX 262100

City	State	Zip Code
BATON ROUGE	LA	70826

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

Transaction ID : SB21B.18301

Amount of Each Disbursement this Period

4538.42

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

9936.06

The diagram shows a rectangular frame structure. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by two vertical columns. The top beam has a central rectangular cutout. The bottom beam also has a central rectangular cutout. The columns are connected to the beams by girders. The diagram is labeled with 'a' and 'b' dimensions. 'a' is the width of the frame, and 'b' is the height of the frame.

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 95

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. US POSTAL SERVICE - BUSINESS MAIL ENTRY OFFICE**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0	1	4		

Mailing Address PO BOX 262100

City	State	Zip Code
BATON ROUGE	LA	70826

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type**Transaction ID : SB21B.18302**

Amount of Each Disbursement this Period

2	9	4	8	9	.	9	5
---	---	---	---	---	---	---	---

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		

Full Name (Last, First, Middle Initial)

**B. US POSTAL SERVICE - BUSINESS MAIL ENTRY OFFICE**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	1	4		

Mailing Address PO BOX 262100

City	State	Zip Code
BATON ROUGE	LA	70826

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type**Transaction ID : SB21B.18303**

Amount of Each Disbursement this Period

2	9	4	8	9	.	9	5
---	---	---	---	---	---	---	---

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		

Full Name (Last, First, Middle Initial)

**C. US POSTAL SERVICE - BUSINESS MAIL ENTRY OFFICE**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	7			2	0	1	4		

Mailing Address PO BOX 262100

City	State	Zip Code
BATON ROUGE	LA	70826

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type**Transaction ID : SB21B.18304**

Amount of Each Disbursement this Period

7	7	1	0	.	7	5
---	---	---	---	---	---	---

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	Senate		
	President		
State:	District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6	6	6	9	0	.	6	5
---	---	---	---	---	---	---	---

6	6	6	9	0	.	6	5
---	---	---	---	---	---	---	---



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 OF 95

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. WALMART**

Mailing Address 3858 SOUTHPASS AVE

City State Zip Code  
 BATON ROUGE LA 70820

Purpose of Disbursement  
 TRAVEL STIPEND GIFT CARDS

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
 11 / 10 / 2014

**Transaction ID : SB21B.18305**

Amount of Each Disbursement this Period

26235.00

Full Name (Last, First, Middle Initial)

## **B. WALMART**

Mailing Address 3858 SOUTHPASS AVE

City State Zip Code  
 BATON ROUGE LA 70820

Purpose of Disbursement  
 FORAN REIMBURSEMENT: OFFICE SUPPLIES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
 11 / 11 / 2014

**Transaction ID : SB21B.18292**

Amount of Each Disbursement this Period

38.56

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C. KRISTY L. WILKINSON**

Mailing Address 530 LAKELAND DRIVE  
 SUITE 215

City State Zip Code  
 BATON ROUGE LA 70802

Purpose of Disbursement  
 WILKINSON REIMBURSEMENT: TRAVEL: MILEAGE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
 11 / 11 / 2014

**Transaction ID : SB21B.18293**

Amount of Each Disbursement this Period

656.53

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

26891.53

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 50 OF 95

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. XOJET**

Mailing Address PO BOX 39000

City	State	Zip Code
SAN FRANCISCO	CA	94103

Purpose of Disbursement  
TRAVEL: AIR

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		12		2014

**Transaction ID : SB21B.18965**

Amount of Each Disbursement this Period

15769.99
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

15769.99
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195446.68
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 95

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. DAVID ADDISON**

Mailing Address 66 HUMMINGBIRD ROAD

City  
COVINGTONState  
LAZip Code  
70433Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		07		2014

**Transaction ID : SB28A.18389**

Amount of Each Disbursement this Period

1000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼
Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00
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1000.00
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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)  
REPUBLICAN PARTY OF LOUISIANA

### A. KATHERINE D BROWN

Mailing Address PO BOX 729

City	State	Zip Code
SPRINGFIELD	LA	70462

Purpose of Disbursement	
PAYROLL	

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : SB30B.18361

Amount of Each Disbursement this Period

**B. KATHERINE D BROWN**

Mailing Address PO BOX 729

City	State	Zip Code
SPRINGFIELD	LA	70462

Purpose of Disbursement
PAYROLL

Candidate Name	
1	1
2	2
3	3
4	4
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64	64
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97	97
98	98
99	99
100	100

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement

M M / D D / Y Y Y Y  
11 13 2014

Transaction ID : SB30B.18362

Amount of Each Disbursement this Period

250.00

**C. SARAH E BRYSON**

Mailing Address 121 OAK CREST DR

City	State	Zip Code
LAFAYETTE	LA	70503

Purpose of Disbursement
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State:  District:

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Date of Disbursement



Transaction ID : SB30B.18378

Amount of Each Disbursement this Period

125.00

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

625.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. SARAH E BRYSON**

Mailing Address 121 OAK CREST DR

City	State	Zip Code
LAFAYETTE	LA	70503

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18379**

Amount of Each Disbursement this Period

125.00
--------

Full Name (Last, First, Middle Initial)

**B. LUNDEN ALYSSA CHENEVERT**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18314**

Amount of Each Disbursement this Period

250.00
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. LUNDEN ALYSSA CHENEVERT**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18336**

Amount of Each Disbursement this Period

250.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. KAREN F. CONNOLLY**

Mailing Address 6880 CHRISTOPHER AVE.

City	State	Zip Code
GREENWELL SPRINGS	LA	70739

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18315**

Amount of Each Disbursement this Period

1500.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. KAREN F. CONNOLLY**

Mailing Address 6880 CHRISTOPHER AVE.

City	State	Zip Code
GREENWELL SPRINGS	LA	70739

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18337**

Amount of Each Disbursement this Period

1500.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. SARAH DAKE**

Mailing Address 1525 NORTH BERTRAND

City	State	Zip Code
LAFAYETTE	LA	70506

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		24		2014

**Transaction ID : SB30B.18380**

Amount of Each Disbursement this Period

1306.02
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1306.02
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. SARAH DAKE**

Mailing Address 1525 NORTH BERTRAND

City	State	Zip Code
LAFAYETTE	LA	70506

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18316**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. SARAH DAKE**

Mailing Address 1525 NORTH BERTRAND

City	State	Zip Code
LAFAYETTE	LA	70506

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18317**

Amount of Each Disbursement this Period

1730.70
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**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. SARAH DAKE**

Mailing Address 1525 NORTH BERTRAND

City	State	Zip Code
LAFAYETTE	LA	70506

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18338**

Amount of Each Disbursement this Period

1250.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. MADELEINE DAVIS**

Mailing Address 2107 ANN LANE

City	State	Zip Code
OAKDALE	LA	71463

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

**Transaction ID : SB30B.18367**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. MADELEINE DAVIS**

Mailing Address 2107 ANN LANE

City	State	Zip Code
OAKDALE	LA	71463

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18368**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. JASON P. DORE**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18318**

Amount of Each Disbursement this Period

3710.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. JOHN M EDWARDS**

Mailing Address 2302 PINEHURST DR

City	State	Zip Code
MONROE	LA	71201

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		10		2014

**Transaction ID : SB30B.18359**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. JOHN M EDWARDS**

Mailing Address 2302 PINEHURST DR

City	State	Zip Code
MONROE	LA	71201

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18340**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. JORDAN ELSBURY**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18320**

Amount of Each Disbursement this Period

1250.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. JORDAN ELSBURY**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18341**

Amount of Each Disbursement this Period

1250.00
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**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. KAITLIN O. FORAN**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18321**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. KAITLIN O. FORAN**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18342**

Amount of Each Disbursement this Period

1250.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 60 OF 95

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. STEPHANIE GARDNER**

Mailing Address 3645 GLADIOLA CT APT G

City	State	Zip Code
BATON ROUGE	LA	70808

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

**Transaction ID : SB30B.18381**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. STEPHANIE GARDNER**

Mailing Address 3645 GLADIOLA CT APT G

City	State	Zip Code
BATON ROUGE	LA	70808

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18382**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. HUNTER HALL**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18322**

Amount of Each Disbursement this Period

1250.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. HUNTER HALL**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18343**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. SARA ASHLYN HARRISON**

Mailing Address 1021 PEYTON AVE

City BENTON State LA Zip Code 71006

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

**Transaction ID : SB30B.18377**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. ASHLYN HEMINGWAY**

Mailing Address 41561 RUE MAISON

City PONCHATOULA State LA Zip Code 70454

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

**Transaction ID : SB30B.18306**

Amount of Each Disbursement this Period

250.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 62 OF 95

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. ASHLYN HEMINGWAY**

Mailing Address 41561 RUE MAISON

City	State	Zip Code
PONCHATOULA	LA	70454

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18307**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. JACK HERETIK**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18345**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ERIN HUFFAKER**

Mailing Address 3858 SOUTHPASS AVE

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18323**

Amount of Each Disbursement this Period

1500.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. ERIN HUFFAKER**

Mailing Address 3858 SOUTHPASS AVE

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18346**

Amount of Each Disbursement this Period

1500.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. INSPERITY PAYROLL SERVICES**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City	State	Zip Code
KINGWOOD	TX	77339

Purpose of Disbursement  
PAYROLL SERVICES/TAX(SEE MEMO ENTRIES)

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

**Transaction ID : SB30B.18313**

Amount of Each Disbursement this Period

25847.66
----------

Full Name (Last, First, Middle Initial)

**C. INSPERITY PAYROLL SERVICES**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City	State	Zip Code
KINGWOOD	TX	77339

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18333**

Amount of Each Disbursement this Period

665.29
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

25847.66
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

## **A. INSPERITY PAYROLL SERVICES**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 31 / 2014

**Transaction ID : SB30B.18334**

Amount of Each Disbursement this Period

75.00

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **B. INSPERITY PAYROLL SERVICES**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL SERVICES/TAX(SEE MEMO ENTRIES)

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 13 / 2014

**Transaction ID : SB30B.18335**

Amount of Each Disbursement this Period

25670.95

Full Name (Last, First, Middle Initial)

## **C. INSPERITY PAYROLL SERVICES**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City KINGWOOD State TX Zip Code 77339

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
11 / 13 / 2014

**Transaction ID : SB30B.18355**

Amount of Each Disbursement this Period

969.28

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25670.95



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. INSPERITY PAYROLL SERVICES**

Mailing Address 19001 CRESCENT SPRINGS DRIVE

City	State	Zip Code
KINGWOOD	TX	77339

Purpose of Disbursement  
PAYROLL SERVICES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18356**

Amount of Each Disbursement this Period

75.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. KIM JANCA**

Mailing Address 6132 W AZALEA DR

City	State	Zip Code
LAKE CHARLES	LA	70605

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		11		2014

**Transaction ID : SB30B.18363**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**C. KIMBERLY JANCA**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18324**

Amount of Each Disbursement this Period

1250.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. KIMBERLY JANCA**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type**Transaction ID : SB30B.18347**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. MICHAEL MAHFOUZ**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Mailing Address 1922 BROADWAY APT A

City NEW ORLEANS State LA Zip Code 70118

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type**Transaction ID : SB30B.18371**

Amount of Each Disbursement this Period

250.00
--------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. MICHAEL MAHFOUZ**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

Mailing Address 1922 BROADWAY APT A

City NEW ORLEANS State LA Zip Code 70118

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type**Transaction ID : SB30B.18372**

Amount of Each Disbursement this Period

250.00
--------

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. JONAH MUMPHREY**

Mailing Address 11335 ARCHERY DR

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18325**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. JONAH MUMPHREY**

Mailing Address 11335 ARCHERY DR

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18348**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. GARY SPENCER NICHOLS**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18326**

Amount of Each Disbursement this Period

1916.67
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 68 OF 95

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. GARY SPENCER NICHOLS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2014

Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type**Transaction ID : SB30B.18349**

Amount of Each Disbursement this Period

1916.67

**[MEMO ITEM]**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. MS. SAMMI RUSHING**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		03		2014

Mailing Address 34875 MOLLY DR.

City DENHAM SPRINGS State LA Zip Code 70706

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type**Transaction ID : SB30B.18373**

Amount of Each Disbursement this Period

250.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. MS. SAMMI RUSHING**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		13		2014

Mailing Address 34875 MOLLY DR.

City DENHAM SPRINGS State LA Zip Code 70706

Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type**Transaction ID : SB30B.18374**

Amount of Each Disbursement this Period

250.00

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. KYLIE SMITH**

Mailing Address 151 HWY 104

City	State	Zip Code
OBERLIN	LA	70655

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

**Transaction ID : SB30B.18365**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. KYLIE SMITH**

Mailing Address 151 HWY 104

City	State	Zip Code
OBERLIN	LA	70655

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18366**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. MATT STEPHANIE**

Mailing Address 14232 COTTINGHAM COURT

City	State	Zip Code
BATON ROUGE	LA	70817

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

**Transaction ID : SB30B.18383**

Amount of Each Disbursement this Period

125.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

625.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. MATT STEPHANIE**

Mailing Address 14232 COTTINGHAM COURT

City	State	Zip Code
BATON ROUGE	LA	70817

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18384**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. JEFFREY BRANT STIDHAM**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18327**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. JEFFREY BRANT STIDHAM**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18350**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 72 OF 95

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. TARGETED CREATIVE COMMUNICATIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2014

Mailing Address 106 S COLUMBUS STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
VOLUNTEER EXEMPT MAIL

Candidate Name

Category/  
Type**Transaction ID : SB30B.18959**

Amount of Each Disbursement this Period

15120.00
----------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

**B. TARGETED CREATIVE COMMUNICATIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Mailing Address 106 S COLUMBUS STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
VOLUNTEER EXEMPT MAIL

Candidate Name

Category/  
Type**Transaction ID : SB30B.18961**

Amount of Each Disbursement this Period

31275.00
----------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

**C. TARGETED CREATIVE COMMUNICATIONS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2014

Mailing Address 106 S COLUMBUS STREET

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement  
VOLUNTEER EXEMPT MAIL

Candidate Name

Category/  
Type**Transaction ID : SB30B.18963**

Amount of Each Disbursement this Period

31275.00
----------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

77670.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 73 OF 95

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. JACOB C TAYLOR**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

Mailing Address 7707 LOTUS LANE

**Transaction ID : SB30B.18358**

City	State	Zip Code
SHREVEPORT	LA	71108

Amount of Each Disbursement this Period

Purpose of Disbursement  
PAYROLLCategory/  
Type

250.00

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. STEPHEN GRIFFIN TAYLOR**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

Mailing Address 530 LAKELAND DRIVE  
SUITE 215**Transaction ID : SB30B.18330**

Amount of Each Disbursement this Period

City	State	Zip Code
BATON ROUGE	LA	70802

1250.00

Purpose of Disbursement  
PAYROLLCategory/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. STEPHEN GRIFFIN TAYLOR**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

Mailing Address 530 LAKELAND DRIVE  
SUITE 215**Transaction ID : SB30B.18352**

Amount of Each Disbursement this Period

City	State	Zip Code
BATON ROUGE	LA	70802

1250.00

Purpose of Disbursement  
PAYROLLCategory/  
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

250.00
--------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 74 OF 95

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. BRIE TRAHAN**

Mailing Address 530 LAKELAND DR

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

**Transaction ID : SB30B.18309**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. BRIE TRAHAN**

Mailing Address 530 LAKELAND DR

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18310**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. TAYLOR TRAVERS**

Mailing Address 83261 PRESS SHARP ROAD

City	State	Zip Code
BUSH	LA	70431

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

**Transaction ID : SB30B.18387**

Amount of Each Disbursement this Period

250.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00
--------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 75 OF 95

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. TAYLOR TRAVERS**

Mailing Address 83261 PRESS SHARP ROAD

City	State	Zip Code
BUSH	LA	70431

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18388**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. JR MICHAEL J VIZZA**

Mailing Address 604 LOCH RIDGE DR

City	State	Zip Code
SHREVEPORT	LA	71106

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

**Transaction ID : SB30B.18369**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**C. JR MICHAEL J VIZZA**

Mailing Address 604 LOCH RIDGE DR

City	State	Zip Code
SHREVEPORT	LA	71106

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18370**

Amount of Each Disbursement this Period

250.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00
--------

--

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 76 OF 95

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. RACHEL VIZZA**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18331**

Amount of Each Disbursement this Period

250.00
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. RACHEL VIZZA**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City BATON ROUGE State LA Zip Code 70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18353**

Amount of Each Disbursement this Period

250.00
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. SANTANA WHATLEY**

Mailing Address 517 QUEEN ANNE DR

City SLIDELL State LA Zip Code 70460

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

**Transaction ID : SB30B.18375**

Amount of Each Disbursement this Period

250.00
--------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00
--------

--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 77 OF 95

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

Full Name (Last, First, Middle Initial)

**A. SANTANA WHATLEY**

Mailing Address 517 QUEEN ANNE DR

City	State	Zip Code
SLIDELL	LA	70460

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18376**

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. KRISTY L. WILKINSON**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2014

**Transaction ID : SB30B.18332**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. KRISTY L. WILKINSON**Mailing Address 530 LAKELAND DRIVE  
SUITE 215

City	State	Zip Code
BATON ROUGE	LA	70802

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2014

**Transaction ID : SB30B.18354**

Amount of Each Disbursement this Period

1250.00
---------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

250.00
--------

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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	30b

REPUBLICAN PARTY OF LOUISIANA

### A. TAMMY YORK

Category/  
Type

250.00

State:  District:

### B. TAMMY YORK

Category/  
Type

250.00

State:  District:

**C.**

Category/  
Type

State:  District:

500.00

144829.63

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 79 OF 95

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

REPUBLICAN PARTY OF LOUISIANA

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**JAMESTOWN ASSOCIATES**

Nature of Debt (Purpose):

FEA VOLUNTEER MASS MAIL

Mailing Address 5 MAPLETON ROAD  
SUITE 300City State Zip Code  
PRINCETON NJ 08540

Outstanding Balance Beginning This Period

3800.00

Transaction ID : SD10.5463

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3800.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

3800.00

2) **TOTALS** This Period (last page this line number only)..... ►

3800.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

3800.00

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 80 OF 95

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>CAMCO CONSULTING LLC</b>		<b>Transaction ID : H4.18250</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 7575 JEFFERSON HWY 66					
City BATON ROUGE	State LA	Zip Code 70809			
Purpose of Disbursement: OFFICE SUPPLIES: LANYARDS				Allocated Activity or Event Year-To-Date 524583.46	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 20 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
233.94			880.06		1114.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>PC INVESTMENTS INC</b>		<b>Transaction ID : H4.18255</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2216 FORSYTHE AVE SUITE B					
City MONROE	State LA	Zip Code 71201			
Purpose of Disbursement: RENT & UTILITIES				Allocated Activity or Event Year-To-Date 525662.62	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 20 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
226.62			852.54		1079.16

<b>C. Full Name (Last, First, Middle Initial)</b> <b>CIT TECHNOLOGY</b>		<b>Transaction ID : H4.18251</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 550599					
City JACKSONVILLE	State FL	Zip Code 32255			
Purpose of Disbursement: EQUIPMENT LEASE: COPIER				Allocated Activity or Event Year-To-Date 526295.71	
Activity or Event Identifier: Administrative		Category/ Type		Date 10 / 31 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
132.95			500.14		633.09

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
593.51		2232.74		2826.25

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>OFFICE DEPOT</b>		<b>Transaction ID : H4.18254</b>		<b>Allocated Activity or Event:</b>	
Mailing Address P.O. BOX 9020				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City DES MOINES State IA Zip Code 50368				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: OFFICE SUPPLIES				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Allocated Activity or Event Year-To-Date 526374.11	
				Date 11 / 02 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.46			61.94		78.40

<b>B. Full Name (Last, First, Middle Initial)</b> <b>ALFORD &amp; DOVE PROPERTIES LLC</b>		<b>Transaction ID : H4.18200</b>		<b>Allocated Activity or Event:</b>	
Mailing Address PO BOX 2817				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City HOUMA State LA Zip Code 70361				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: RENT & UTILITIES				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/ Type		Allocated Activity or Event Year-To-Date 527024.11	
				Date 11 / 04 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
136.50			513.50		650.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>LOGIC NATION, INC</b>		<b>Transaction ID : H4.18252</b>		<b>Allocated Activity or Event:</b>	
Mailing Address 910 PIERREMONT ROAD SUITE 216				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City SHREVEPORT State LA Zip Code 71106				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: RENT & UTILITIES				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Administrative		Category/ Type		Allocated Activity or Event Year-To-Date 528024.11	
				Date 11 / 04 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
210.00			790.00		1000.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
362.96		1365.44		1728.40

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>NORGATE INVESTORS C/O 1ST LAKE COMMERCIAL</b>		<b>Transaction ID : H4.18253</b>		<b>Allocated Activity or Event:</b>	
<b>Mailing Address</b> 3925 N I-10 SERVICE ROAD W SUITE 130				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
<b>City</b> METAIRIE	<b>State</b> LA	<b>Zip Code</b> 70002		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
<b>Purpose of Disbursement:</b> RENT & UTILITIES				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
<b>Activity or Event Identifier:</b> Administrative		<div>Category/ Type</div>		<b>Allocated Activity or Event Year-To-Date</b> 530091.61	
				<b>Date</b> 11 / 04 / 2014	
<b>FEDERAL SHARE</b>		<b>+</b>	<b>NONFEDERAL SHARE</b>		<b>= TOTAL AMOUNT</b>
434.18			1633.32		2067.50

<b>B. Full Name (Last, First, Middle Initial)</b> <b>PC INVESTMENTS INC</b>		<b>Transaction ID : H4.18256</b>		<b>Allocated Activity or Event:</b>	
<b>Mailing Address</b> 2216 FORSYTHE AVE SUITE B				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
<b>City</b> MONROE	<b>State</b> LA	<b>Zip Code</b> 71201		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
<b>Purpose of Disbursement:</b> RENT & UTILITIES				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
<b>Activity or Event Identifier:</b> Administrative		<div>Category/ Type</div>		<b>Allocated Activity or Event Year-To-Date</b> 531170.77	
				<b>Date</b> 11 / 04 / 2014	
<b>FEDERAL SHARE</b>		<b>+</b>	<b>NONFEDERAL SHARE</b>		<b>= TOTAL AMOUNT</b>
226.62			852.54		1079.16

<b>C. Full Name (Last, First, Middle Initial)</b> <b>REES REALTY CORPORATION</b>		<b>Transaction ID : H4.18257</b>		<b>Allocated Activity or Event:</b>	
<b>Mailing Address</b> PMB 540 2851 JOHNSTON ST				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
<b>City</b> LAFAYETTE	<b>State</b> LA	<b>Zip Code</b> 70503		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
<b>Purpose of Disbursement:</b> RENT & UTILITIES				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
<b>Activity or Event Identifier:</b> Administrative		<div>Category/ Type</div>		<b>Allocated Activity or Event Year-To-Date</b> 532370.77	
				<b>Date</b> 11 / 04 / 2014	
<b>FEDERAL SHARE</b>		<b>+</b>	<b>NONFEDERAL SHARE</b>		<b>= TOTAL AMOUNT</b>
252.00			948.00		1200.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

<b>FEDERAL SHARE</b>	<b>+</b>	<b>NONFEDERAL SHARE</b>	<b>=</b>	<b>TOTAL AMOUNT</b>
912.80		3433.86		4346.66

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

<b>FEDERAL SHARE</b>	<b>NONFEDERAL SHARE</b>	<b>TOTAL AMOUNT</b>

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>RRPEC</b>		<b>Transaction ID : H4.18258</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO BOX 12445				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City ALEXANDRIA	State LA	Zip Code 71315		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: RENT & UTILITIES		Category/ Type		Allocated Activity or Event Year-To-Date 532870.77	
Activity or Event Identifier: Administrative				Date 11 / 04 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
105.00			395.00		500.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>CHARLES ROBERT CARTER PROPERTIES</b>		<b>Transaction ID : H4.18248</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 12030 LAKELAND BLVD SUITE 101				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City BATON ROUGE	State LA	Zip Code 70809		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: RENT & UTILITIES		Category/ Type		Allocated Activity or Event Year-To-Date 536401.84	
Activity or Event Identifier: Administrative				Date 11 / 07 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
741.52			2789.55		3531.07

<b>C. Full Name (Last, First, Middle Initial)</b> <b>AMEX</b>		<b>Transaction ID : H4.18202</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 200 VESEY ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City MANHATTAN	State NY	Zip Code 10080		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT(SEE MEMO ENTRIES)		Category/ Type		Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative				Date 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
767.74			2888.16		3655.90

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1614.26		6072.71		7686.97

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>NEW ORLEANS HAMBURGER &amp; SEAFOOD</b>			<b>Transaction ID : H4.18203</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1005 S CLEARVIEW PKWY						Allocated Activity or Event Year-To-Date 540057.74		
City JEFFERSON	State LA	Zip Code 70121				Date 11 / 12 / 2014		
Purpose of Disbursement: AMEX PAYMENT:TRAVEL: FOOD								
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]			Category/ Type					
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
8.65				32.56			41.21	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>HOME DEPOT</b>			<b>Transaction ID : H4.18205</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 2625 VETERANS BLVD						Allocated Activity or Event Year-To-Date 540057.74		
City KENNER	State LA	Zip Code 70062				Date 11 / 12 / 2014		
Purpose of Disbursement: AMEX PAYMENT:OFFICE SUPPLIES								
Activity or Event Identifier: Administrative [MEMO ITEM]			Category/ Type					
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
18.26				68.71			86.97	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>CRACKER BARRELL</b>			<b>Transaction ID : H4.18206</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 10250 PLAZA AMERICANA DRIVE						Allocated Activity or Event Year-To-Date 540057.74		
City BATON ROUGE	State LA	Zip Code 70816				Date 11 / 12 / 2014		
Purpose of Disbursement: AMEX PAYMENT:MEETING EXPENSE: MEALS								
Activity or Event Identifier: Administrative [MEMO ITEM]			Category/ Type					
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
15.24				57.33			72.57	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>GOOGLE</b>		<b>Transaction ID : H4.18207</b>		<b>Allocated Activity or Event:</b>	
Mailing Address 1600 AMPHITHEATRE PKWY				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City MOUNTAINVIEW	State CA	Zip Code 94043			
Purpose of Disbursement: AMEX PAYMENT:ONLINE SUBSCRIPTIONS				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.85			67.14		84.99

<b>B. Full Name (Last, First, Middle Initial)</b> <b>CITRIX</b>		<b>Transaction ID : H4.18208</b>		<b>Allocated Activity or Event:</b>	
Mailing Address 4988 GREAT AMERICAN PKWY				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City SANTA CLARA	State CA	Zip Code 95054			
Purpose of Disbursement: AMEX PAYMENT:ONLINE SUBSCRIPTIONS				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.29			38.71		49.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>AT&amp;T</b>		<b>Transaction ID : H4.18209</b>		<b>Allocated Activity or Event:</b>	
Mailing Address 208 AKARD ST				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City DALLAS	State TX	Zip Code 75202			
Purpose of Disbursement: AMEX PAYMENT:BROADBAND SERVICES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.75			59.25		75.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>SQUARESPACE INC.</b>		<b>Transaction ID : H4.18211</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 459 BROADWAY FIFTH FLOOR				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City NEW YORK	State NY	Zip Code 10013		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT:ONLINE SUBSCRIPTIONS				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.32			151.68		192.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>COMCAST</b>		<b>Transaction ID : H4.18212</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address ONE COMCAST CENTER				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City PHILADELPHIA	State PA	Zip Code 19103		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT:BROADBAND SERVICES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.10			165.92		210.02

<b>C. Full Name (Last, First, Middle Initial)</b> <b>CVS</b>		<b>Transaction ID : H4.18214</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 5360 HIGHLAND ROAD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City BATON ROUGE	State LA	Zip Code 70808		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT:OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.24			12.21		15.45

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>ALBERTSONS</b>		<b>Transaction ID : H4.18215</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4400 AMBASSADOR CAFFERY PKWY					
City LAFAYETTE	State LA	Zip Code 80503			
Purpose of Disbursement: AMEX PAYMENT:TRAVEL: FOOD				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]		Category/ Type		Date 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
4.28			16.10		20.38

<b>B. Full Name (Last, First, Middle Initial)</b> <b>AT&amp;T</b>		<b>Transaction ID : H4.18216</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 208 AKARD ST					
City DALLAS	State TX	Zip Code 75202			
Purpose of Disbursement: AMEX PAYMENT:BROADBAND SERVICES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
14.49			54.51		69.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>DOMINO'S</b>		<b>Transaction ID : H4.18218</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1194 BOB PETTIT BLVD					
City BATON ROUGE	State LA	Zip Code 70820			
Purpose of Disbursement: AMEX PAYMENT:TRAVEL: FOOD				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
7.20			27.09		34.29

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>TROPICAL SMOOTHIE</b>		<b>Transaction ID : H4.18220</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 458 HEYMANN BLVD					
City LAFAYETTE	State LA	Zip Code 70503			
Purpose of Disbursement: AMEX PAYMENT:TRAVEL: FOOD				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: <b>Administrative</b>				Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.94			11.08		14.02

<b>B. Full Name (Last, First, Middle Initial)</b> <b>GOGO</b>		<b>Transaction ID : H4.18222</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1250 N ARLINGTON HEIGHTS RD					
City ITASCA	State IL	Zip Code 60143			
Purpose of Disbursement: AMEX PAYMENT:BROADBAND SERVICES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.56			13.39		16.95

<b>C. Full Name (Last, First, Middle Initial)</b> <b>DIRECT TV</b>		<b>Transaction ID : H4.18223</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO BOX 60036					
City LOS ANGELES	State CA	Zip Code 90060			
Purpose of Disbursement: AMEX PAYMENT:BROADBAND SERVICES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative				Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.11			105.77		133.88

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>GOGO</b>		<b>Transaction ID : H4.18224</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1250 N ARLINGTON HEIGHTS RD					
City ITASCA	State IL	Zip Code 60143			
Purpose of Disbursement: AMEX PAYMENT:BROADBAND SERVICES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]		Category/ Type		Date 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.95			3.55		4.50

<b>B. Full Name (Last, First, Middle Initial)</b> <b>SUDDENLINK</b>		<b>Transaction ID : H4.18226</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4114 E 29TH ST					
City BRYAN	State TX	Zip Code 77802			
Purpose of Disbursement: AMEX PAYMENT:BROADBAND SERVICES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.12			86.99		110.11

<b>C. Full Name (Last, First, Middle Initial)</b> <b>ADOBE SYSTEMS, INC.</b>		<b>Transaction ID : H4.18227</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 345 PARK AVE					
City SAN JOSE	State CA	Zip Code 95110			
Purpose of Disbursement: AMEX PAYMENT:ONLINE SUBSCRIPTIONS				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.92			41.07		51.99

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>AT&amp;T</b>		<b>Transaction ID : H4.18228</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 208 AKARD ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City DALLAS	State TX	Zip Code 75202		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT:BROADBAND SERVICES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.90			71.10		90.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>CRACKER BARRELL</b>		<b>Transaction ID : H4.18229</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 10250 PLAZA AMERICANA DRIVE				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City BATON ROUGE	State LA	Zip Code 70816		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT:MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.21			60.98		77.19

<b>C. Full Name (Last, First, Middle Initial)</b> <b>DOMINO'S</b>		<b>Transaction ID : H4.18230</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1194 BOB PETTIT BLVD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City BATON ROUGE	State LA	Zip Code 70820		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT:TRAVEL: FOOD				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.69			66.54		84.23

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>APPLE STORE</b>		<b>Transaction ID : H4.18232</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 6401 BLUEBONNET BLVD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City BATON ROUGE	State LA	Zip Code 70836		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT:OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.66			85.25		107.91

<b>B. Full Name (Last, First, Middle Initial)</b> <b>AT&amp;T</b>		<b>Transaction ID : H4.18233</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 208 AKARD ST				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City DALLAS	State TX	Zip Code 75202		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT:BROADBAND SERVICES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.55			43.45		55.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>OFFICE DEPOT</b>		<b>Transaction ID : H4.18234</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address P.O. BOX 9020				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City DES MOINES	State IA	Zip Code 50368		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT:OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.53			39.59		50.12

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>SHELL</b>		<b>Transaction ID : H4.18235</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1101 VETERANS BLVD					
City METAIRIE	State LA	Zip Code 70005			
Purpose of Disbursement: AMEX PAYMENT:TRAVEL: FUEL				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.07			56.71		71.78

<b>B. Full Name (Last, First, Middle Initial)</b> <b>ALFORD SAFE &amp; LOCK</b>		<b>Transaction ID : H4.18237</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1758 GOVERNMENT ST					
City BATON ROUGE	State LA	Zip Code 70802			
Purpose of Disbursement: AMEX PAYMENT:SECURITY SERVICES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
101.86			383.19		485.05

<b>C. Full Name (Last, First, Middle Initial)</b> <b>OFFICE DEPOT</b>		<b>Transaction ID : H4.18238</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. BOX 9020					
City DES MOINES	State IA	Zip Code 50368			
Purpose of Disbursement: AMEX PAYMENT:OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative		Category/ Type		Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.96			41.23		52.19

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>ALBERTSONS</b>		<b>Transaction ID : H4.18239</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 4400 AMBASSADOR CAFFERY PKWY				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City LAFAYETTE	State LA	Zip Code 80503		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT:TRAVEL: FOOD				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: <b>Administrative</b>		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.61			32.41		41.02

<b>B. Full Name (Last, First, Middle Initial)</b> <b>OFFICE DEPOT</b>		<b>Transaction ID : H4.18240</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address P.O. BOX 9020				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City DES MOINES	State IA	Zip Code 50368		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT:OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.76			14.13		17.89

<b>C. Full Name (Last, First, Middle Initial)</b> <b>TEXACO</b>		<b>Transaction ID : H4.18241</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 814 W HIGHWAY 14				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City DELCAMBRE	State LA	Zip Code 70528		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT:TRAVEL: FUEL				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative		Category/ Type		Date <input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.32			57.64		72.96

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>CRACKER BARRELL</b>		<b>Transaction ID : H4.18242</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 10250 PLAZA AMERICANA DRIVE					
City BATON ROUGE	State LA	Zip Code 70816			
Purpose of Disbursement: AMEX PAYMENT:MEETING EXPENSE: MEALS				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: <b>Administrative</b> [MEMO ITEM]		Category/ Type		Date 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.78			51.82		65.60

<b>B. Full Name (Last, First, Middle Initial)</b> <b>LOWE'S</b>		<b>Transaction ID : H4.18243</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1280 N HWY 190					
City COVINGTON	State LA	Zip Code 70433			
Purpose of Disbursement: AMEX PAYMENT:OFFICE SUPPLIES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.28			34.92		44.20

<b>C. Full Name (Last, First, Middle Initial)</b> <b>AT&amp;T</b>		<b>Transaction ID : H4.18244</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 208 AKARD ST					
City DALLAS	State TX	Zip Code 75202			
Purpose of Disbursement: AMEX PAYMENT:BROADBAND SERVICES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative [MEMO ITEM]		Category/ Type		Date 11 / 12 / 2014	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.60			47.40		60.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**REPUBLICAN PARTY OF LOUISIANA**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>SHELL</b>		<b>Transaction ID : H4.18245</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1101 VETERANS BLVD				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City METAIRIE	State LA	Zip Code 70005		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT:TRAVEL: FUEL				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: <b>Administrative</b>			Category/ Type	Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.74			47.95		60.69

<b>B. Full Name (Last, First, Middle Initial)</b> <b>ENTERGY</b>		<b>Transaction ID : H4.18246</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO BOX 8103				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City BATON ROUGE	State LA	Zip Code 70891		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT:UTILITIES				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative			Category/ Type	Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.78			175.99		222.77

<b>C. Full Name (Last, First, Middle Initial)</b> <b>FACEBOOK</b>		<b>Transaction ID : H4.18247</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1 HACKER WAY				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City MENLO PARK	State CA	Zip Code 94025		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: AMEX PAYMENT:ONLINE ADVERTISING				Allocated Activity or Event Year-To-Date 540057.74	
Activity or Event Identifier: Administrative			Category/ Type	Date 11 / 12 / 2014	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
150.14			564.83		714.97

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
3483.53	13104.75	16588.28